

**BOARD OF REGISTERED NURSING**

PO Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 F (916) 574-8636 | www.rn.ca.gov**MENTAL HEALTH EXAMINATION**

Name of Probationary Nurse: _____ License #: _____

TO THE EXAMINER: This probationary nurse is serving a probation term with this Board and has chosen you to perform a mental health examination including a clinical diagnostic evaluation. (1) You must hold a valid, unrestricted license, **which includes scope of practice to conduct a clinical diagnostic evaluation** (2) have at least 3 years of experience in providing evaluations of health professionals with the substance abuse disorder(s)/Issues stated in the Board's Decision, Stipulated Settlement, Accusation and/or Statement of Issues (3) be pre-approved by the Board (The pre-approved evaluator **MUST** be the individual completing the examination.) _____ **Initial that you meet the above requirements.**

YOUR NAME, LICENSE NUMBER, CURRICULUM VITAE, AND RESUME must be submitted to the Board of Registered Nursing for approval prior to the examination.

The evaluator shall not have a financial relationship, personal relationship, or business relationship with the licensee within the last five years. The evaluator shall provide an objective, unbiased, and independent evaluation.

Before you begin your examination it is recommended that you obtain a CURES report for this nurse.

You must obtain a complete copy of the Board's Decision or Stipulated Settlement including the Accusation or Statement of Issues from the probationary nurse. Complete the examination and submit your narrative report to the Probation Unit no later than _____. **Format the results of your examination in the narrative, and in specific detail, and address all of the sections below and return completed report to the Board of Registered Nursing.**

1. A statement confirming that you have reviewed the Board Decision or Stipulated Settlement and the Accusation or Statement of Issues. Also include the examination date(s).
2. A diagnosis incorporating DSM 5 criteria based on appropriate psychological testing.
3. A description of the methods used in your examination and the type of test(s) administered, if any.
4. A description of the background and current mental health status of nurse.
5. A description of any symptoms or characteristics of sociopathic or violent behavior.
6. A description of any restrictions you recommend in the nurse's work environment.
7. A description of your prognosis and treatment(s) you are or will be prescribing, including medications.
8. Your opinion as to the probationary nurse's capability to perform the functions of a registered nurse in a **safe and competent** manner.

Examiner's Name:	License #
Specialty, if any:	
Address:	Phone () E-Mail:
Signature:	Date:

Board of Registered Nursing-Probation Unit
Attn: Probation Monitor
PO Box 944210
Sacramento, CA 94244-2100